Booking Form

For office use only:

Enter name and address of lead name to whom all correspondence will be sent:

First name **Surname**

Address

City/county **Postcode** **Country**

Telephone (Daytime) **Mobile** (please include country codes)

Party Members:

Title	First name	Surname	Passport no.	Date of birth

Your Holiday Choice:

Walking Level ☐ Comfortable ☐ Moderate ☐ Energetic

Preferred Dates

Accommodation
☐ Villa Flamenco
☐ Villa Pareja
☐ Xativa Apartments
☐ Hotel

No of Nights

Room Type
☐ Double ☐ Twin ☐ Single

Flights

Please supply details

Departing From

Outward / / flight no: Dept: Arr:

Return / / flight no: Dept: Arr:
(dd/mm/yy)

Medical Conditions

Special Requests / Dietary Needs

Walking holidays
in spain

Send your completed form and payment to:

Valencian Experience SL
Walking Holidays in Spain
27 The Paddock
Bishops Stortford
Hertfordshire
CM23 4JN
England
or

Valencian Experience SL
Walking Holidays in Spain
Apt. de Correos 228
46800 Xativa
Valencia
Spain

Next of kin emergency contact (whilst with us)

Name:
Phone No:

Insurance Details

Company Name:
Policy No:
Insurance Emergency
Assistance Phone No:

Deposit
Deposit £100 / €150 per person
Total Payment Enclosed (£ / €)
Payment Type

Start Date Expiry Date Issue

Please charge my holiday balance to my card account eight weeks before the date of my holiday. (tick if yes) ☐

We accept payment by cheque, debit card and Visa / Mastercard A 1.25% charge is made for final payments paid by credit card. Please complete all applicable boxes including start and expiry dates, and for Maestro cards, the issue number.

We certify that I/We have read the booking conditions which are accepted on behalf of all those named and have noted the holiday grade. To be counter signed by parent/guardian if client is under 18 years. I/We have understood and consent to the terms set out in the booking terms.

Signature:

Date: